



Town of Hempstead Emergency Medical Operations Center

1401 Lido Boulevard, Point Lookout NY 11569

(516) 897-4110

COVID SCREENING QUESTIONNAIRE

Name: _____ Date: _____

Phone number: _____

Are you fully vaccinated*? Yes No

* Fully vaccinated is 2 weeks after both doses of Pfizer or Moderna, or 2 wks after 1 dose of Johnson & Johnson

IN THE PAST 10 DAYS HAVE YOU:

Had a body temperature greater than 99.5 F / 37.5 C?	NO	YES
Experienced any of the following symptoms? Fever or chills Body aches, headaches Runny or snuffy nose, cough, chest congestion, sore throat, trouble breathing Abdominal pain, nausea, vomiting, diarrhea Loss of sense of smell or taste. (Please note these are not chronic symptoms, but NEW symptoms in the past 10 days)	NO	YES
Personally tested positive for COVID-19 or have you been tested for COVID-19?	NO	YES
To the best of your knowledge had close or proximate contact with anyone that has tested positive for COVID-19, or has had symptoms of COVID-19, or has been tested for COVID-19 due to symptoms or an exposure? (If you are fully vaccinated answer NO)	NO	YES

Signature attests that the above information is true and accurate _____

IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS CALL THE TOH EMOC AT 516-897-4110

STAFF USE ONLY:

Visible signs of illness or resp distress?

Temperature below 99.5?

CLEARED?

Referred to Dr. Neubert

NO	YES
YES	NO
YES	NO
NO	YES